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# Negotiation of Face between Bereaved Parents and Their Social Networks

By: M. Chad McBride & Paige Toller

**Abstract:** For many bereaved parents, talking about their child's death and their grief experiences is a way to cope with grief. Unfortunately, communicating with others often proves difficult for parents and their social networks, often because of face threats. The purpose of the present study is to identify how the face needs of parents and their social network is communicatively negotiated. Fifty-three bereaved parents were interviewed and the data analyzed, resulting in a theme of protection. The findings highlight ways in which both the parents' and others' positive and negative faces were co-managed. These findings highlight the complex nature of facework in social networks at individual, relational, and systemic levels.

Within the range of human experience, grief and loss are an expected, natural part of life. As individuals age, they will experience the death of many loved ones, such as parents, grandparents, and even spouses. However, the death of one's child defies the natural order of life (Becvar, 2001) as no parent expects to bury their own child (Rando, 1984). A profound and devastating loss, a child's death thrusts parents into a quest for meaning as parents struggle to accept their child's death and somehow move forward in their own lives (Wheeler, 1993–1994).

For bereaved parents, communicating about their child's death with others plays a central role in their grief work (Becvar, 2001), as telling the story of their loss helps parents to impose meaning and order upon the event (Harvey, 2000). Unfortunately, communicating with others about their child's death is often difficult for bereaved parents as family and friends struggle to understand just how devastating and life-altering the death of a child is (Hastings, 2000; Toller, 2008). As such, bereaved parents are often surprised to find that expected social support from family and friends is absent or withdrawn as these individuals often avoid talking about the deceased child, treat parents differently, and in some cases shun parents altogether (Hastings, 2000; Toller, 2008).

To manage these communication difficulties, bereaved parents may monitor and restrict interaction with family and friends in order to avoid discomfort for themselves and others (Hastings, 2000; Toller, 2005). Unfortunately, by restricting communication with others about their child's death, parents are limiting opportunities to validate their grief experience (Becvar, 2001), find meaning in the loss (Wheeler, 1993–1994), and construct a new sense of self (Hastings, 2000).

Drawing on Goffman's (1955, 1963, 1967) notion of face and stigma, Hastings (2000) argued that communication between bereaved parents and their network is difficult because talk about the child's death is inherently face-threatening for both parties. For instance, bereaved parents may refrain from making certain disclosures to prevent the discomfort of others or to appear incompetent or emotionally/mentally inadequate themselves (Hastings, 2000; Toller, 2008). Likewise, parents may not talk about their child's death in order to avoid becoming the recipient of unsolicited or unhelpful advice from others (Hastings, 2000). Finally, bereaved parents may not act upon offers of support from others out of fear that they will be seen as “needy” or “dependent” (Hastings, 2000, p. 365).

Other scholars suggest that members of a bereaved parent's social network may attempt to manage the face needs of parents. For instance, members of bereaved parents' social network may avoid talking about the child's death out of fear they will cause the parent further pain or harm (Dyregrov, 2005–2006). Likewise, if a bereaved parent becomes emotional during a conversation about the deceased child, members of their social network will often avoid the topic in future interactions in an effort to protect parents and themselves from discomfort (Hastings, 2000). Although possibly well intentioned, bereaved parents do not find avoidance by members of their social network to be supportive (Hastings, 2000; Toller, 2008); rather, they report these actions as hurtful and stigmatizing instead (Riches & Dawson, 1996).

As Tracy (2002) argued, all interactions have the potential to be face-threatening and conversations involving grief and bereavement are certainly no exception. Our purpose in the present study was to further identify how bereaved parents communicatively negotiate their own and other's face needs following a child's death. We also sought to expand beyond Hastings' (2000) work by investigating not only how bereaved parents negotiate their face needs with their social network but also how they negotiate face needs with their marital partner as well.

Just as communicating with their social network is often difficult, bereaved parents may also find it arduous to communicate with their spouse. One reason is because both parents are simultaneously experiencing the child's death and each lacks the wherewithal to support one another during such a difficult time (Gilbert, 1989; Rando, 1991). Additionally, bereaved parents may refrain from talking with one another about their child's death out of concern that doing so will only add to either their own or their partner's pain (Schwab, 1992). As a result, parents may curb communication with their spouse if they perceive that talking about the death is too difficult (Toller & Braithwaite, 2009). That bereaved parents' monitor their communication with each other in order to protect one another strongly indicates that parents may work to protect the face needs of both themselves and their partner. As such, we further investigate face concerns between bereaved parents as well as members of their social network.

## **Facework**

Among the first to define face in Western culture, Goffman (1955) suggested face is the “positive social value a person effectively claims for himself [*sic*]” (p. 213). Similarly, Gergen (2001) noted that people consciously construct themselves when in relation with others, thereby highlighting Tracy's (1990) notion that face is a social process constructed and maintained in interaction. Domenici and Littlejohn (2006) define facework as “a set of coordinated practices in which communicators build maintain, protect, or threaten personal dignity, honor, and respect” (pp. 10–11). Clearly, facework is a collaborative and negotiated effort between interacting parties that may result in either one's face being upheld or challenged.

In addition to managing their own face through facework, individuals also use facework to help manage another's face. When performing facework, people can manage the threats to two aspects of their situated identities (Brown & Levinson, 1987). First, people can manage their own positive self-image or identity, or positive face. Second, people also manage their negative face, which centers around one's desire to be autonomous and free from imposition. Extending upon Brown and Levinson's (1987) constructs of positive and negative face, Lim and Bowers (1991) contend that there are three types of face needs that emerge in most interactions. These are: (a) autonomy face, or the need to have a sense of self apart from others; (b) fellowship face, or the need to be included; and (c) competence face, or the need to be respected by others.

Delineating between proactive and reactive facework, Goffman (1955, 1959) claimed that people use corrective facework after their face has been threatened. On the other hand, preventive facework occurs when people proactively mediate a face-threat before it occurs. In his initial work, Goffman (1955) did not discuss the impact of face upon personal relationships. Rather, he viewed facework as a type of “public performance” that was enacted in ritualistic ways. However, the inherently social nature of facework indicates that face concerns permeate all types of interactions, particularly in personal relationships (Cupach & Metts, 1994). In personal relationships, the mutual face of the relationship is also an ongoing concern and relational partners work together to uphold it (Domenici & Littlejohn, 2006).

For bereaved parents, seeking support and solace from their spouse and social network may be both beneficial and threatening. Scholars have found that face issues come to the forefront in uncertain situations (e.g., Oetzel, Ting-Toomey, Chew-Sanchez, Harris, Wilcox, & Stumpf, 2003) and talk about the death of a child is unfamiliar territory for most. Thus, asking one's spouse and network for support may threaten a bereaved parent's self-concept or face as others might see the parent as obsessing about the child, being overly emotional, etc. Moreover, because bereaved parents often desire to form continuing bonds (Klass, 1997) or maintain a type of relationship with their deceased child (Toller, 2005), they are left vulnerable to criticism by friends and family. This criticism is largely because prevailing Western theories still stress that “successful” resolution of grief occurs when the bereaved individual severs all emotional ties with the deceased (Marwit & Klass, 1994). Thus, bereaved parents who desire to maintain a relationship with their deceased child may be viewed as “pathological” and “crazy” by others.

Additionally, by reaching out to others for help, one imposes upon that family member and friend's autonomy, and, if a request is refused, the requester's own positive face is threatened (Goldsmith & Fitch, 1997; Johnson, Roloff, & Riffe, 2004). Further, if support is offered, particularly in the form of unwanted advice, the support seeker's own sense of autonomy is also threatened. Finally, if one does not follow the unwanted advice, the advice giver's (family member) own self-concept is threatened (Goldsmith & Fitch, 1997).

In light of the communication difficulties inherent in talking about a child's death, our goal in the present study was to focus on how bereaved parents manage their own and other's face needs when communicating about their child's death. As talking with their social network about their child's death has proven to be face threatening for bereaved parents (Hastings, 2000), we adopted face theory to shed further light on how the risks associated with talking about a child's death impact the management of face among all interacting parties. Therefore, the research question guiding this study was:

RQ<sub>1</sub>: How do bereaved parents perceive how they and their social network communicatively negotiate face needs following the death of a child?

## **Methodology**

To honor the experiences and perspectives of bereaved parents, we based the study within the interpretive tradition (Creswell, 2007). Using purposive sampling (Tashakori & Teddlie, 2003), criteria for participation were that parents had to have experienced the death of a child and the death had to have occurred at least 6 months prior to the interview. After receiving approval from the university's Institutional Review Board, the second author recruited participants through support groups, posted flyers, and e-mails to various campus and community contacts. All recruitment was designed so that parents had to first initiate contact in order to participate. The majority of parents were geographically located in the Midwest with three living on the West coast and the Pacific Northwest region of the United States and one in Canada.

## *Participants*

Fifty-three bereaved parents were interviewed, 36 of whom were female and 17 were male. Twenty-four parents currently participated in a bereavement support group, 14 had participated in a bereavement support group at one time but were no longer participating, and 15 had never participated in a bereavement support group. The time elapsing from the child's death to the interview ranged from 6 months to 29 years with a mean of 9.7 years. Even though for some parents several years had elapsed between the time of the child's death and the interview, all parents represented in the present study could easily and vividly recount their communication experiences with others following their child's death. Indeed, Rosenblatt (2000) claimed that for many parents bereavement may be experienced indefinitely and parents may grieve their child's death throughout their lifetime. This was the case for parents in our study; they could readily describe several interactions with friends and family following their child's death. The child's age at the time of his/her death ranged from 0 years of age to 42 years, with a mean age of 7.7 years. Thirty-nine deceased children are represented within this data set and the reported causes of death were: 10 from illness (25.6%), 11 from stillbirth or birth defects (28.2%), 6 from suicide (15.4%), 11 from accidents (28.2%), and 1 from sudden infant death syndrome (SIDS) (2.6%). Our hope was to fully explore how a variety of bereaved parents experienced communicating with others and we felt that limiting participation to a distinct age or cause of death would hinder this process. In particular, we wanted to include parents whose children died at birth and as adults as these parents are often disenfranchised grievers whose loss is often minimized or ignored (Doka, 1989). Moreover, we argue that this wide range of experience and length of time can add to the theoretical implications of facework in this context by demonstrating that facework is utilized in a variety of parental bereavement situations.

## *Interviewer Procedure*

We used a semi-structured interview guide that consisted of various demographic questions followed by open-ended and hypothetical questions. Constructed as the retrospective interview technique, interview questions asked parents to describe communication with their spouse and members of their social network before and after their child's death as well as present communication (Huston, Surra, Fitzgerald, & Cate, 1981; Metts, Sprecher & Cupach, 1991).

All of the interviews were conducted by the second author over a span of 2 years and a total of 41 interviews were conducted. Of the 41 interviews, 12 interviews were conducted with both parents present. Twenty-nine interviews were conducted with only one bereaved parent present; however, of these 29 single interviews, 8 of the participants were married to one another. In other words, four married couples were interviewed but at separate times in order to accommodate parents' schedules. We had hoped to complete all interviews with both parents present; however, in several cases, only the mother was willing to participate. It was not surprising to us that more mothers participated in the study as men are often more likely to work through their grief by engaging in activities rather than talking (Martin & Doka, 2000).

To respect the preferences of participants and to obtain a greater number of participants, interviews were conducted both face-to-face and over the phone. Twenty-two of the 41 interviews took place in the participants' homes, 14 took place over the phone, and 5 took place at a local café. We did not detect differences in the phone interviews or those conducted in public locations. Because participants were assured their identities and their child's identities would be kept confidential, pseudonyms are used. The interviews ranged from 90 minutes to 3 hours, with the average interview lasting about 1.5 hours.

## *Data Analysis*

Soon after each interview, the second author transcribed the interview verbatim. Both authors engaged in data analysis and used a multistep inductive process for analysis similar to other interpretive scholars (e.g., Charmaz, 2002). For the purposes of this article, both authors read the same five interviews and open-coded using face theory as a lens (Strauss & Corbin, 1998). From these five, we held phone conferences to develop a tentative series of themes related to face theory. We then split the interviews in half and each unitized data based on (a) its heuristic value related to our theoretical framework and (b) its ability to stand on its own, or in other words, the data excerpt made sense as an individual unit (Baxter & Babbie, 2004). Along with these units of data, we each wrote analytic memos, which provided our interpretation of the data as related to face theory. The first author then focus-coded each unit of data to develop the themes presented in the results of this article. After organizing the themes and providing exemplars, the first author shared the themes and data with the second author, who served as a form of expert check to verify the findings. In a couple of instances, the second author questioned the inclusion of a piece of data in a specific category. In one instance, we further clarified the interpretation of that piece of data, and in another instance the example was moved into a different theme. We did not have any negative cases that emerged as counterpoints to be explained in relation to these themes.

## **Findings and Implications**

Overall, a theme of protection emerged from this analysis. Parents reported they were concerned about protecting their own face needs as well as the face needs of their social network following their child's death. Regarding their own face, parents felt the need to protect themselves from hurtful or threatening messages from others that challenged how they were coping with and handling their grief. For example, Monica said:

I remember we got a letter from friends living in Fresno, who had lost a child earlier, ... saying she wishes she could shield us from foolish remarks from well-meaning people. When I read that it was kind of funny. But you don't want to yell at [people], you try to appreciate what they meant. (596–601) <sup>1</sup>

Well-intended but hurtful remarks threatened parents in variety of ways, such as telling them to move on or to stop crying. At the same time, parents reported not wanting to make their network members feel bad for well-meaning comments, an example of bereaved parents doing facework. Important to this context is that this protection was not one-sided; rather, bereaved parents were concerned with both the face needs of themselves and others.

### *Parents' Own Face Needs*

#### *Parents' positive face needs*

How and when parents' positive face needs were managed depended on whether parents themselves managed their face needs or if their needs were managed by others. Parents indicated that they were concerned about maintaining their own positive face when interacting with others but these concerns were also managed by their partners and network members.

#### *Self-managed*

Parents reported actively managing perceived or potential threats to their own positive face. They were specifically concerned about appearing overly emotional around others. Despite the intense grief and pain they felt, parents feared crying too much in public as they perceived it threatened their image of being a strong, capable person. For example, Deidra said, "it was pretty hard ... you're trying to keep your

emotions in check ... if you did have a display of emotions, well 'what's wrong with you, you know, it's time for you to get over that'" (365–369). As Deidra indicated, not keeping her emotions under control in public meant that others might see her as grieving too long or incorrectly. While there is no correct timeline or way to grieve, Deidra perceived that if she displayed her emotions too much others might judge her grief process, which ultimately threatens Deidra's positive face. Likewise, Emily, who wanted to memorialize her daughter by releasing balloons at the cemetery said, "I kind of went back and forth with should I do this or shouldn't I do this? I don't want my family to think I'm some nut job camping out at the cemetery you know" (378–394). For these mothers, being too emotional or worrying about family opinions were threats to their positive face and resulted in caution regarding how much grief and emotion they displayed to others.

Because of these threats to their self-image, parents reported two strategies for managing their positive face by either (a) wearing a mask in public or (b) only talking to people who they perceived would not threaten their positive face. In terms of wearing a mask Amelia said, "I learned to create a mask when I go out in public. It usually only comes off when I'm home alone. I think sometimes the mask is kind of heavy, but I know the world is not going to change for grieving parents" (448–451). As Amelia indicated, wearing this mask is often a burden for parents; however, they continue to feel the need to do so to protect themselves from others who do not understand their grief. Concomitantly, wearing this mask and not burdening others with their grief illustrates how bereaved parents may be attempting to uphold the fellowship face of the relationship and simultaneously trying not to impinge on others' autonomy needs. In other words, if Amelia did not wear her mask in public, she might impose on others and pressure them into dealing with or facing her grief, a threat to their negative face.

Another strategy bereaved parents used to manage the perceived threats to their own positive face was to only talk about their child's death with others who they thought would not judge them. For example, Lucy said, "I have one brother who I'm much closer with than anybody, I would tell him, I would bare everything, I'm not afraid to express emotions with him because I know he won't judge" (229–231). Like Lucy, several bereaved parents sought out others who were supportive and nonjudgmental. In fact, many participants reported joining support groups for this very reason. Lyndon reported that it is "really hard to explain to someone, unless they've lost a child, and that's what's so comforting about going to the group. We all have similar experiences and share that experience" (497–499). For bereaved parents, talking with other parents who have had similar experiences was less face threatening as they intimately knew the difficulties and pain of a child's death.

All of these examples highlight that one way bereaved parents managed perceived threats to their positive face was to only talk with those who they believed would be accepting and nonjudgmental. Like Hastings (2000), we found that bereaved parents often refrained from making disclosures to make others feel uncomfortable and to manage their own face needs. However, the bereaved parents in the present study did not just limit disclosures. Instead, they chose specific family and friends as disclosure recipients. This finding highlights the need for bereaved parents to be able to talk about their child's death in "safe spaces," which could be compared to Goffman's (1959) notion of a backstage, where the mask of performance can be removed. McBride (2003) also found that people chose disclosure recipients as a way to manage threats to positive face. Similar to his study, we found that these recipients were not based on relational type (e.g., mothers, fathers, sisters, etc.) but rather were relationship specific. In other words, based on previous interactions with family and friends, parents chose people to talk to who they knew would not threaten their positive image as a strong, capable person. Parents' selection of disclosure recipients also speaks to the findings of Hastings, Musambira, and Hoover (2007), who found that parents reached out to other bereaved parents via a grief support group Web site to create a community of support

to find others that understood their loss, suggesting that parents were trying to minimize threats to their own face by reaching out to others with similar experiences.

Finally, wearing a mask in public or selectively disclosing to others also suggests that parents were trying to protect the autonomy face of members of their social network. Like Hastings (2000), our findings also highlight that both parties may experience face threats when interacting after the death of a child and that parents are concerned about the face needs of not only themselves but members of their social network.

#### *Other-managed*

Participants perceived that members of their social network also worked to manage parents' positive face needs. Parents reported that their network members appeared concerned about protecting parents' (a) emotional well-being and (b) negative self-perceptions.

First, parents reported that network members were protective toward them regarding their expressions of emotion in both *preventive* and *corrective* ways. Participants reported that others would help them manage their emotional expressions, which was a form of *corrective facework*. For example, Donna said that she

broke down and cried right in this floral shop. [The florist] was the most kindest and precious person. She said "don't worry about it, I understand." She was very nice about it because I felt embarrassed, totally embarrassed, you know, crying is a sign of weakness. (103–109)

Donna's notation that crying was a sign of "weakness" highlights how public emotional expression is threatening to a parent's positive face. By telling Donna not to "worry about" crying in front of her, the florist managed Donna's perceived threat to her positive face. While the florist was not part of Donna's exchange network (or network of significant relationships, such as close friend and family), the florist became part of her interactive network as Donna had this significant interaction with her (Milardo, 1988). Several parents recounted similar stories where their emotional expression in public was mediated by strangers who gave them permission or told them it was okay to cry, and in doing so they corrected parents' perceived face threat of showing weakness or being embarrassed in public.

In other instances, participants reported that others did things to keep them from having this sort of public emotional expression, which was a form of *preventive facework*. For example, Amber said, "people act like you're a piece of china" (706-707). Deidra also said, "I think part of it is, they're afraid of, 'are they going to cry all night,' and they want to have a social setting, and so they never call" (681–683). John and Judy, whose son committed suicide by hanging, reported that friends and family will often warn them ahead of time if a movie or television show depicts a hanging. Judy said there were "different movies and stuff [where] people that really care about us will say, 'don't go see that one.' [They] buffer those kinds of things" (379–384). By doing this, this couple felt their friends were trying to protect them, a theme which, as previously discussed, permeated this data set. One interpretation of the protection in this example could be simply to protect the grieving parents from experiencing the hurt of their child's death again (which may or may not lead to an emotional expression). However, given that participants perceived their emotional expressions threatened their own positive face, family member and friends may have been attempting to mediate this face-threatening act before it occurred, or performed preventive facework.

Second, participants indicated that they believed their network members worked to manage parents' negative self-perception. Specifically, parents reported that family and friends reinforced that they were (a) *strong people* and (b) *good parents*. Several participants reported that network members would often tell them how *strong* they were. Although part of this interaction may be reinforcing parents' perception that they should not express emotion, telling a bereaved parent that he or she is a strong person also



reinforces that parent's positive face. For example, Sue was “told, by my psychiatrist, my brother, family and friends, that I am a very, extremely strong person” (375–378). Similarly, Sara reported that people would say, “‘you're doing so well,’ and you're thinking, ‘do you realize I'm up every night crying till 3 in the morning’” and her friend “Shirley would go on and on, ‘oh, you're so strong, I could never do this’” (381–393). By not admitting to people that she was up until 3 am crying, Sara was managing her own face as described above; however, by friends and family telling her how strong she was, they were attempting to manage Sara's positive self-image as well.

Because of their child's death the majority of participants reported feeling like *bad parents*. For example, following the suicide of their daughter, Trudy said:

A year and half after Jill died, my husband made some comment about, “We did the best we could.” I was just like, “If that's our best we sucked.” My counselor worked with me and saying, “Yeah, you sucked then, that doesn't mean you sucked the whole 15 years before.” But people would tell me that all the time, “You did the best you could.” (77–82)

Trudy's counselor and others worked to make her feel as though she had not failed as a parent when her daughter was alive, thus attempting to restore Trudy's positive face as a good parent. Similarly, Debra said, she's had “moments where I thought, if I'd been awake, Ian wouldn't have gone out. But everybody told me, ‘Hey, this kid was 175 lbs and 6'3 tall, if he wanted to go out there was no way you could have stopped him’” (133–137). Like Trudy's counselor, Debra's friends used corrective facework in order to ease her guilt about not being able to intervene in her son's death. Because these parents believed they should have somehow prevented their child's death, they reported having a negative image of themselves as parents, a threat to their positive face. Participants indicated that network members worked to make them feel better about themselves thereby managing parents' positive face through corrective facework.

These findings contribute to the bereavement literature in several ways. Dyregrov (2005–2006) found that network members would avoid talking about a child's death or wait for the parent to initiate conversation out of fear of causing the bereaved parent greater harm. Our data support her findings; however, we highlight that network members are not merely passive avoiders in performing facework. While some network members avoided conversations as a form of preventive facework to protect the parents' emotions, these individuals also actively performed corrective facework after an emotional moment to mediate parents' positive face.

As our exemplars illustrate above, it appears as though social network members may be actively managing parents' positive face by reaffirming that they were indeed good parents and strong individuals. Even though *civilians*, or parents with living children, may not fully understand the needs of bereaved parents (Hastings, 2000), our data suggest that others minimally understood that losing a child might raise questions of personal strength and quality of parenthood and actively helped bereaved parents manage these needs through positive facework.

#### *Parents' own negative face needs*

While parents talked a lot about the management of their own positive face needs, they also discussed having negative face needs for autonomy and space. Like positive facework, sometimes negative facework was done by parents themselves, and other times parents indicated their face needs were managed by network members.

### *Self-managed*

Participants discussed needing space to grieve for their loss and engaged in preventive negative facework to manage autonomy and space needs. From our analysis, three subthemes emerged with parents managing their own negative face needs by (a) setting conversational boundaries for others, (b) choosing silence, and (c) creating physical space. First, some parents talked about setting up explicit conversational boundaries with others who they felt threatened their negative face needs. For example, Monica reported conversations with her mother where she asked “her to wait five minutes after I got done crying before she tried to say something inspirational” (247–255). Similarly Sue said, “I will draw a boundary with someone and let them know where they can go and can’t go. Everyone knows with me where they stand ... I can let you know if you shouldn’t ask anymore [without] stepping on my toes” (544–547). Both of these examples illustrate how some participants managed their negative face needs for autonomy and space in dealing with their grief by setting up boundaries with others by letting them know what they would talk about or listen to regarding their child’s death.

Second, participants also managed their need for autonomy in dealing with the death of their child by choosing silence. For example, Don said, “I haven’t really talked about it with anyone because I just find it better that I don’t have to try and explain that to someone who doesn’t know” (751–752). Likewise, Megan said she did not talk about her son’s death with people because, “I hurt so much, I didn’t want anybody to try to reach out to me. I just wanted to be left alone. And so I don’t talk about it” (176–178). In both of these examples, participants did not want to have to talk about it and wanted to be “left alone” and chose silence as a way to meet their own needs for space and autonomy. For these parents, not being left alone or being forced to talk about their child’s death would have infringed on their negative face needs.

Finally, some participants felt the need to create actual physical space as a way to manage their needs for space and autonomy. For example, after the death of her infant child, Emily said, “I couldn’t be around any other babies. My sister showed up with hers, and I ran to the bathroom and hid” (317–329). Similarly, Kary learned to create physical space when she needed autonomy from her husband and surviving children. She said, “I think we don’t fight as much anymore because we’ve learned if I’m having a bad day and I tell him ‘I’m just taking off because I can’t handle any of you guys, I don’t like any of you today, and I’ll just go disappear’” (658–664). In both of these examples, participants needed actual physical space for their autonomous negative face needs and managed these needs by literally creating distance.

Previous researchers who have studied bereaved parents have noted that parents sometimes limit disclosures to prevent discomfort to others or to themselves (e.g., Toller, 2005). We also found that parents’ disclosures were limited but for specific threats to their sense of autonomy. Further, these bereaved parents managed these negative face needs in more ways than just limiting interaction (or “staying silent”). Our participants reported proactively setting up both conversational and physical boundaries as a specific form of preventive negative facework.

### *Other-managed*

While some participants managed their own negative face needs, others perceived that their partners and network members helped them accomplish this type of facework by (a) giving parents’ space/autonomy and (b) serving as an intermediary. First, several participants talked of appreciating their partner’s willingness to give them needed space and autonomy to grieve as they needed to. For example, Miles said he and his wife “definitely grieved in very different ways. She needed to visit the gravesite. It was a very painful place for me. She needed to talk ... I needed to kind of meditate ... so we had to be sensitive to each other’s needs to get through it” (76–80). Both Miles and his wife managed each other’s different

grieving styles by respecting each other's autonomy and giving each other space to grieve as needed, consequently upholding one another's negative face needs. Similarly, Dora discussed how she appreciated her husband being supportive of her reaching out to others who are grieving and that there is “a real supportive feeling I get from Peter when I do engage in the facilitation of those [support] groups. He never said ‘no you can't do that, it's private’” (326–331). Even though she shares her own grief experience and private information in these groups, her husband recognized how important facilitating these groups is to Dora, which upheld her negative face needs.

Second, participants reported they perceived family often acted as intermediaries so as to not infringe on parents' negative face needs. For example, Emily reported that her husband had “called his sister to say ‘she's really upset, [it's] not a good day for a visit.’ So he kind of watched my back that way” (892–896). By asking his sister to not come over, Emily's husband protected her autonomy and space needs. Other participants interpreted the lack of direct contact with their network members as members meeting their negative face needs of space and autonomy. For example, Sue found that her family did not “ask anymore, or they might ask my mother and use her as the [inter]mediary, I think they just talk behind me instead of to me to give me some space” (183–186). As Sue suggested, her family members may not directly communicate with her in order to give her the freedom to not have to talk about her son's death, thus upholding her negative face needs. While parents speculated that others avoided interaction with them as a way to manage their positive face, parents also perceived that their friends and family also restricted interaction to respect and manage their needs for space and autonomy.

Similar to the findings regarding the self-management of negative face needs, bereaved parents suggested that network members managed their negative face needs by giving them space. While Dyregrov (2005–2006) found that network members might avoid talking about the death as a way to protect the bereaved parent, we found that family and friends did more than just avoiding talking with parents. Some family members, including spouses, served as intermediaries in order to intercept potentially face-threatening interactions. These findings highlight how marital partners worked together to protect negative face, extending Hastings' (2000) findings by showing that bereaved parents and their partners also engage in facework.

### *Other's Face Needs*

While the face needs of the bereaved parent emerged as an important issue when talking with partners and other network members, bereaved parents also concomitantly managed the perceived face needs of others during these interactions. In particular, bereaved parents reported being concerned with both the negative and positive face needs of social network members.

### *Other's negative face needs*

As presented above, participants reported that their partners (and others) managed their negative face needs by giving them the space and autonomy to grieve as needed. Similarly, parents reported that they attempted to do the same thing on behalf of their partner's negative face needs. For example, Trudy said:

It wasn't uncommon to find Aaron just weeping on his own outside somewhere. But to talk about things just wasn't going to be his way. I would have never survived if I hadn't worked through it, but that was me. That's what I had to learn to accept. My way was not going to be his way. (282–284; 685–687)

By honoring her husband's need to grieve in private, Trudy was able to meet her husband's negative face needs. Similarly, Joe's advice that bereaved parents should “take your time, be there for each other, but don't crowd each other” (769–770) speaks to the fact that bereaved parents must learn to give one another

freedom to grieve as needed. To not give one another autonomy during the grieving process would have threatened their partner's negative face.

Like Hastings (2000), we found that bereaved parents were concerned about their own face needs as well as the face needs of their social network. However, our participants reported being concerned about their partner's negative face needs as well. Participants talked a great deal about needing to give their partner space to grieve as he or she wished. As Toller and Braithwaite (2009) found, bereaved parents often found themselves caught between wanting to give their partner's space to grieve as they needed while at the same time wanting to grieve together. They also found that parents used a variety of communication strategies in order to meet their own, their partner's, and their relational needs. Our findings support Toller and Braithwaite by demonstrating that parents worked to maintain the negative and positive face needs of their partner while working to uphold the fellowship face of the relationship as well.

Beside their marital partners, participants were also concerned about the negative face needs of other social networks members. These concerns manifested themselves in two different ways: (a) participants' perception that some people could not handle the interactions and (b) the deterioration of some relationships. First, some participants reported not talking to some family and friends about their child's death because they perceived that these network members could not handle hearing this information. Amelia said she never talked about her child's death with others because they did not have a similar experience. "[They're] the untouched ... the ones that have no clue what it's like. They don't want to understand" (51–54). Likewise, some participants reported not talking to others who did have similar experiences because they felt as though it was too difficult for the others as well. For example, Sue said she did not talk with one friend "because she had a very difficult time dealing with her son's death ... she was in a depression for over 7 years, so ... I was afraid to speak about my son for fear that I would be causing her difficulties" (205–208). For these mothers and several other participants, not wanting to infringe on their network members was a negative face concern as they perceived the interaction was too painful or difficult for the network member. In essence, parents were engaging in preventative facework on behalf of their friends and family by not disclosing information to them that might cause them harm and discomfort.

Second, some participants reported that relationships deteriorated due to parents' hesitation to infringe on other's negative face. For example, Sam said, "[Y]ou lose a lot of friends because they don't want to have anything to do with it" (562–563), and Deidra said, they had friends "we thought would be more supportive ... the contact with them hasn't been much ... they sort of fall away" (193–198). If Sam or Deidra would have pushed the issue by talking about their child's death, they would have threatened their friends' negative face. Thus, by not bringing up the taboo topic of the deceased child, parents were managing other's negative face. However, bereaved parents felt doing this led to strained or deteriorated relationships in the long run.

#### *Other's positive face needs*

While parents wanted to give others space and not threaten their negative face, they also wanted to reinforce other's positive social identities as either (a) partner, (b) friend/family member, and (c) surviving child. It is important to note that the nuances of this positive facework varied from relationship to relationship.

#### *Partner's needs*

As previously discussed, participants wanted to give their partners' space to grieve in their own way; however, they also reported wanting to reinforce their partners' positive identity (face) and highlight their

connection as a relational partner (fellowship face). For example, Joan said, “I will say things to [my husband] like, we can do that, we've been through far worse than that” (531–532). In this example, Joan reinforced to her partner that their relationship was strong and they had created a deep connection as relational partners. In essence, affirming the strength of their relationship and connection to one another served to highlight and support their fellowship face.

#### *Family member/friend needs*

Second, participants also reported wanting others to feel positive about their own roles as support providers, which served to reinforce network members' positive face needs. For example, Lucy said, “somebody may say something stupid, but I'm not going to hold it over them” (341–347), and Monica said people may say something that bothers her, “but you don't want to yell at them, you try to appreciate what they meant” (596–601). In many examples such as this, participants did not want to threaten their family and friends' positive face as effective support providers, even if their network members' comments were unwanted or hurtful. By forgiving network members for insensitive or unhelpful comments, participants performed positive facework on behalf of others. Similar to Dyregrov (2003–2004), we found that parents in the present study were willing to overlook or excuse network members' hurtful comments, attributing these comments as people attempting to be supportive and caring.

#### *Surviving children's needs*

Finally, participants also expressed concern for the surviving children's positive face. Obviously, after a death a lot of attention is paid to the deceased, but participants wanted their surviving children to still feel important and valued, reinforcing their positive face. For example, Trudy talked about being conscious of including her two living sons in memorials, “[W]herever I put Jill's picture, my son's pictures are there too. Because, you know, I read how important it is to let your living children know they aren't any less important than the one that died” (301–304). Sara also expressed similar concerns about Liza, her surviving child:

A lot of parents say, “I just can't go on living” but I never said that! Oh my god, what would that say to Liza? It tells her that she doesn't matter; the only one that mattered was Sam. I didn't even think about saying that in front of her, I think it's a horrid thing to say. You have a lot of parents that say that in front of their children, and every one of those kids had issues with it, they were like, “that still bothers me.” (528–536)

Many parents emphasized the importance of trying to make the surviving children feel they were a loved and valued member of the family. To not do so would have threatened their children's positive face as desired and wanted children; thus, their attempts at showing love and affection to these children was another form of positive facework performed by parents on another's behalf.

As discussed previously, participants were not just concerned for the negative face needs of others. Our findings highlight that bereaved parents perceived the need to actively help others manage their positive self-image as good partners, support providers, and surviving children. Similar to Hastings (2000), we found that bereaved parents were concerned about appearing emotionally and mentally inadequate but they were also concerned for others positive face. Our study further extends the work of Hastings' (2000) by highlighting how bereaved parents were especially concerned with the face needs of their marital partners and surviving children.

## Conclusion

In this study, we found that bereaved parents managed their own and others' face in a variety of ways. Generally, parents were concerned about protecting their space and autonomy as well as network members' space and autonomy. Likewise, parents were concerned with maintaining a positive self-image and attempted to do so by masking their emotions and by being selective in their communication. Parents also perceived that family and friends helped them maintain both their positive and negative face in a number of ways.

For bereaved parents in the present study, it was an unfortunate reality that many felt it necessary to restrict emotional expression and to keep their grief hidden from certain others in order to appear as though they were grieving correctly. For decades, a modernist view of grief has dominated Western culture, positioning grief as a private, standardized, and restorative process of human behavior (Hagman, 2001). As Stroebe, Gergen, Gergen, and Stroebe (1992) argued, a modernist view of grief “suggests that people need to recover from their state of intense emotionality and return to normal functioning and effectiveness as quickly and efficiently as possible” (p. 1206). The behavior of parents in the present study indicates that this modernist assumption of grief continues to prevail as parents felt the need to mask their grief in order to appear as if they were progressing through their grief quickly and appropriately. Because grief that does not follow the “quick and efficient” model is labeled as pathological or deviant (Rando, 1991), parents had the added burden of not only dealing with their actual grief but also of putting forth an image of grieving correctly.

An obvious implication can be drawn from this realization: mainly, that bereaved parents need to be able to grieve openly and freely without having to worry about how they are presenting themselves to others. Family and friends can provide bereaved parents tremendous support by accepting how parents are grieving and allowing parents to grieve as they need to. This involves a great deal of nonjudgment on behalf of the social network as well as a great deal of listening and empathy. Being able to express their grief without worrying about their own self-image or if they are impinging upon the autonomy of their friends and family would likely allow parents to engage in grief work with freedom and openness.

In regards to the theoretical implications of this article, despite the wide variety of experiences related to the reason for death and length of time since death, facework emerged as an ongoing phenomenon of importance to all these participants and their experiences. Tracy (1990) noted that face is something that is managed through interaction. While face theorists suggested that facework is something done in interaction, this data specifically highlights how facework is done *between* or *for* people concomitantly. Specifically, the self/other needs illustrate how these networks recognize each other's face needs and actively work to manage each other's needs within the relationship.

This dynamic highlights the complexity of facework as both dyadic (within a relationship) and systemic (as part of a larger network). Domenici and Littlejohn (2006) noted how people can focus their facework attention at three levels: (a) individual, (b) relationships, and (c) community/systems. Within the context of dealing with relationships after the death of a child, all three of these levels come into play. Obviously, bereaved parents perform facework with attention to themselves and their individual needs, but our findings also highlight how these participants do relational facework. For example, participants both gave their spouses room to grieve as needed (a negative face need) and actively performed positive facework to make their partners still feel valued. Specifically, these participants also seemed concerned with Lim and Bower's (1991) notion of fellowship face, which involves the need to be included and connected to each other. From our analysis, bereaved parents were concerned with both giving each other space but also wanting their partner to know they were still connected.

While Domenici and Littlejohn (2006) spoke of community attention to facework mostly in the macrolevel sense, we argue that this data also highlights a larger community of relationships including family, friends, strangers, etc. Parents indicated that within this community, facework was performed by everyone for everyone at different levels and times. This intersection of positive/negative face needs and subsequent facework highlights the complex nature of studying relationships within large relational networks.

Although this study illustrates how face is negotiated within networks, there are limitations of this study that could be resolved with future research. Baxter (2004) strongly encourages relational scholars to view relationships as constituted or created in and through communication. However, to truly study relationships constitutively involves more than examining recollected experiences of interaction (Mokros, 1996, 2003). Hence, future studies of bereavement and facework that incorporate ethnographic methods or conversational analysis would get more at the constitutive nature of talk and the negotiation of face as it occurs in situ.

Within our study, we discussed how bereaved parents perceived that others in their social network attempted to meet their positive and negative face needs. However, future research should specifically investigate whether social network members intentionally engage in facework. With the exception of Dyregrov (2005–2006), the majority of studies examining interaction between networks and bereaved parents are based on the perspective of the bereaved. Within her study, Dyregrov (2005–2006) did find that friends/family desired to support parents and help them cope with their loss. The majority of these individuals reported spending a great deal of time with parents listening to them talk and crying with them. At the same time, these individuals found supporting parents difficult and challenging, mainly because they felt inadequate to help them. Indeed, many reported worrying that they had said or done something hurtful to the parents in their supportive attempts. Although her study does not utilize facework, Dyregrov's (2005–2006) findings suggest that the network members in her study were cognizant of potential threats to bereaved parents' face simply through their concerns about whether or not they were being truly helpful and supportive. Specifically using the theory of facework to analyze the supportive attempts of social network members would likely provide further insight as to whether these individuals recognize and are aware of the potential face threats to both themselves and bereaved parents when interacting and how they attempt to mediate these potential threats.

Furthermore, Dyregrov (2005–2006) acknowledges that her findings differ from other scholars who have studied social support and parental bereavement (e.g., Dakof & Taylor, 1990) in that parents in her study reported that some of the supportive attempts of family and friends were helpful. However, the helpful and supportive behaviors came from family/friends that comprised an “inner circle” of individuals who were already close to parents to begin with (Dyregrov, 2005–2006, p. 354). She suggests that more tangential family/friends are the ones who will likely struggle with supporting or comforting parents. Dyregrov's findings indicate that individuals who are peripherally connected to bereaved parents may be less aware of the face needs of parents. Thus, future research that examines both the supportive attempts of close family and friends and more peripheral individuals would also lend insight into how the depth and intimacy of the relationship may or may not influence how face is negotiated between parents and members of their social network.

Additionally, scholars such as Tracy (2002) have argued that facework is inherently connected to the management and negotiation of identity. While our study focuses explicitly on how face is negotiated within relationships, our study does not address how bereaved parents' use of facework impacts both their own and others' identities. In her ethnographic study, Hastings (2000) does address how the identity needs of bereaved parents are connected with their own use of facework. She argues that bereaved parents' fear

of disclosing to family and friends inhibits them from co-constructing a new sense of self as parents attempt to uphold their own positive face while simultaneously trying not to infringe on the hearer's negative face. However, Hastings does not address how face needs and identities are negotiated in multiple, relational contexts such as the marital relationship and the parent-surviving child relationship. As such, future research should continue to tease out how bereaved parents, their partners, and their social networks manage all of these situated identities in regard to their own and others' face needs.

## **Notes**

Numbers represent transcript line numbers.



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